

**EXHIBIT 2: CLAIM NO. 2902**

B10 (Official Form 10) (04/13) (Modified)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>EASTERN DISTRICT of MICHIGAN</b>		CHAPTER 9 PROOF OF CLAIM	
Name of Debtor: <b>City of Detroit, Michigan</b>			Case Number: <b>13-53846</b>		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.					
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Penny MABIN</b>			<div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">FEB 21 2014</div> <div style="text-align: center; font-size: 0.8em;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if the claim was previously filed in the Eastern District Court Claim Number: _____ (If known) Filed on: _____		
Name and address where notices should be sent: <b>PENNY MABIN 803 GLADSTONE DET MI 48202</b>					
Telephone number: <b>313 575 9774</b> email: <b>Judge.sugar@gmail.com</b>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
Name and address where payment should be sent (if different from above):					
Telephone number: _____ email: _____			RECEIVED		
1. Amount of Claim as of Date Case Filed: <b>\$ 1,000,000.00</b>			FEB 24 2014		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			KURTZMAN CARSON CONSULTANTS		
2. Basis for Claim: <b>CITY TOOK REAL PROPERTY WITHOUT PAYING JUST COMPENSATION</b> (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor: <b>NA</b>			3a. Debtor may have scheduled account as: <b>NA</b> (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: <b>\$ 1,000,000.00</b>  Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: <b>EMINENT DOMAIN</b>  Amount of Secured Claim: <b>\$ 1,000,000.00</b> Amount Unsecured: <b>\$ -0-</b>		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).			<b>\$ NA</b>		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. <b>US CONST 5TH AM</b>			<b>\$ 1,000,000.00</b>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:					
8. Signature: (See instruction # 8) Check the appropriate box.  <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)  I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>CRANSTON Woodberry</b> Title: <b>Authorized Agent</b> Company: _____ Address and telephone number (if different from notice address above): _____ Telephone number: _____ email: _____					
			(Signature) <b>[Signature]</b> (Date) <b>2-21-14</b>		